



DEER RIDGE ANIMAL HOSPITAL

Dr. Shelly Daume

Dr. Wanda Pipkin

Dr. Karen Fieser

We are pleased to welcome you to our practice. Please take a few minutes to fill out this form as completely as you can. If you have questions we'll be glad to help you. We look forward to working with you maintaining your pet's health.

Client Information

Name: _____ Date: _____
Last First MI Spouse

Soc.Sec# _____ Driver's License# _____ DOB ____/____/____

Address: _____ City/St./Zip: _____

Home Phone: _____ Cell#: _____ E-Mail: _____

Spouse Cell#: _____ Permission to use photos of your pets on Social Media: Yes _____ No _____

Employer _____ Employer # _____ Spouse Employer _____ Employer # _____

Emergency contact: _____ Home#: _____ Cell# _____

How did you learn about our practice? _____

Pet Information

Pets name: _____ Dog _____ Cat _____ other _____ Male _____ Female _____

Neutered/Spayed Yes _____ No _____ at what age? _____ Breed _____ Color _____ DOB ____/____/____

At what age was your pet obtained _____ Describe your pet's diet (kind of food/treats) _____

Where did you obtain this pet? Friend _____ Breeder _____ Pet Shop _____ Humane Society _____ Other _____

Pet's vaccine history – check all that the pet has received:

Dhlp-pcv (distemper-dog) _____ Bordetella _____ Lymes _____ Rabies (cat/dog) _____

Feline Leukemia test (cat) _____ FVRCP (infectious diseases-cat) _____

Payment

We will gladly prepare an estimate of service fees if you desire. (Please ask your technician or Dr.). **All professional fees are due at the time of the services are rendered.** There will be a service charge for any check returned unpaid. The signature below authorizes this level of preventative care and the appropriate charges will be assessed in the discharge invoice.

Signature of client responsible for pet(s) _____ Date _____